



69th
ANNUAL REPORT

OF THE

Medical Officer of Health.

REPORT FOR THE YEAR 1967.

GUERNSEY :

1968.

Report of the Medical Officer of Health for 1967

Lukis House,
Grange,
Guernsey.
21st June, 1968.

Sir,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for the year 1967.

I have the honour to be, Sir,

Your obedient servant,

A. T. G. THOMAS, M.D., B.S., D.P.H.,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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INTRODUCTION

The Administrative Background

The administrative area embraced by this Report includes Guernsey, Alderney, Herm, Sark and Jethou. Communication is by air and sea to Alderney and by sea to the other Islands. To anyone unfamiliar with the Island who wishes to study the information contained in the Report it is perhaps helpful to note that the whole background differs in many respects from that of a conventional local authority on the mainland.

The Public Health Department functions under the Board of Health, which is one of the standing committees of the States of Guernsey and it derives its powers and responsibilities largely from local legislation. This means virtual independence from the mainland in the field of public health, though in practice valuable assistance is given in dealing with certain problems by the Ministry of Health and the Wessex Regional Hospital Board. Further, the Island is outside the scope of the National Health Service, though an arrangement exists on the one hand for the treatment of visitors and on the other for Island patients to receive treatment on the mainland for ailments for which suitable provision does not exist here.

Another interesting feature is that the static nature of the population makes epidemiological and environmental study of the people easier than in a mainland community, and this has in fact attracted one or two research workers in these fields. The population may be divided roughly into urban and rural communities and the main occupations are the growing of tomatoes and flowers, and commerce. Light industry is showing some promise of development and of course the substantial number of summer visitors is a valuable economic factor.

TABLE I

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

SUNSHINE:

Total hours	...	...	...	1,741.6	Sunless days, 1967	...	...	...	63
Average, 50 years	...	...	...	1,877.2	Average, 50 years	...	...	...	58

Comparative Sunshine hours, 1967:

Highest total hours in the British Isles:

1. Eastbourne	...	...	...	2,010.3	4. Swanage	...	...	...	1,919.4
2. Shanklin	...	...	...	1,986.2	5. Worthing	...	...	...	1,901.4
3. Bognor Regis	...	...	...	1,919.6	6. Sandown	...	...	...	1,884.5

RAINFALL:

Total inches, 1967	...	...	...	35.86	Rain days, 1967	...	...	...	185
Average, 50 years	...	...	...	35.94	Average, 50 years	...	...	...	186

TEMPERATURE:

							°C.	°F.
Yearly mean	...	...	...	...	...	...	10.3	50.5
Average, 50 years	...	...	...	...	...	...	10.7	51.3
Mean daily range	...	...	...	...	...	...	4.7	8.4
Average, 50 years	...	...	...	...	...	...	4.9	8.9

WIND:

	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	9	31	35	22	19	46	64	80	59

GENERAL
ANNUAL REPORT

“O health! health; the blessing of
the rich, the riches of the poor!
who can buy thee at too dear a rate,
since there is no enjoying this
world without thee?”

—Ben Jonson

1967 might be described in general as an average working year largely without serious problems, but also without outstanding progress. As regards the work of the Health Inspectorate, which proceeded smoothly, a time for decision is drawing near as regards the distribution and nature of their duties. During the whole history of the Public Health Department, the Inspectorate has always worked on an “on demand” basis. This means that they operate almost exclusively on the receipt of information and complaints from the public, rather than on the results of systematic routine inspection. This is an unsound method. For example, it depends almost entirely upon the willingness of the public to make complaints, and the impression is that individuals are by no means always ready to do so, until their environment has reached an extremely low level. This is partly due to their willingness to tolerate rather low standards, being unaware of what nowadays is regarded as good housing and partly through fear of reprisals from their landlords or property owners. In the background too, there may be an ingrained distrust of authority, or the conviction that even if they do complain little benefit will result. All this adds up to show the desirability of a new outlook, and the introduction of routine and systematic inspections of property on as wide and as frequent a basis as can reasonably be achieved. With the present methods it is possible and even usual, for property to decay through neglect to a level at which economic repair and rehabilitation is impossible. This means more staff, and it is hoped that it may be possible to secure them.

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Much the same as applied to the Health Inspectorate applies equally to the team of Health Visitors. As was the case last year, their allocation to individual districts has even further enhanced their usefulness, but they are still not able to fulfil the maximum functions which they might be expected to carry out on the mainland. For example, it is not yet possible to give as much attention to newly born children during their first months of life as is generally regarded as essential. In this connection, it will be appreciated that half the Health Visitor's time is devoted to school matters while the other half is divided between the care of young children and the aged, and this latter demand is a formidable one. If a fair allocation of geriatric accommodation is to be made, waiting lists must be subjected to constant review, and a check made on the needs of individual patients. It is not possible to operate on a pure time basis in this respect. An aged person may be on the waiting list for a long time without showing much deterioration, whereas someone quite recently placed on it may worsen to such an extent as to merit immediate admission to an Institution. The possibility of establishing a Child Welfare Centre was again considered during the year, but, in the light of increasing experience it seems unlikely that it can be achieved.

There are a number of factors involved in this, the lack of suitable premises is an important difficulty, and perhaps more so the manifest desire of the District Nursing Associations to stand apart from any such project. Further, the Island's doctors appear to be well satisfied with the present situation.

Much discussion took place during the year on the vexed question of more suitable premises for the Public Health Department. Excellent accommodation was found at premises in St. Peter Port known as Hirzel Court. From every point of view these would have been ideal since the building was new, centrally situated and closely related to the States Engineer's Department, the St. Peter Port Hospital, the States Supervisor's Office and other units of States administration. Indeed, it would have presented to the public a proper image of a Public Health Department, and would have enabled much better service to be given than from the existing decaying mansion which houses it. However, despite vigorous efforts the matter was turned down by the States on the grounds of cost. This left no alternative but to undertake an expensive rehabilitation scheme for Lukis House which can never be made to match up with any modern conception of a Public Health Department.

DANGEROUS DRUGS

6 In 1967, as during several previous years, public attention became attracted towards the whole problem of drugs and drug addiction. From the Public Health Department's point of view this had two implications. The first was in relation to the application of the various dangerous drugs laws, in particular in regard to the security of stocks at chemist shops and the prevention of illegal sale. An important feature of this, of course, is the proper maintenance of records and ledgers. One or two thefts from chemist shops emphasized the need for constant vigilance, and all premises are inspected. In this respect control in an Island community is relatively easy, particularly as there exists a high degree of co-operation and sense of responsibility amongst the Island's chemists. The other aspect is that of individual indulgence, and education is not so easy, but is also influenced by our insular environment.

Drug users might be classified into three groups: (1) the "young experimenter"; (2) the established addict; and (3) the addict/pedlar. All of these need close attention. From the point of view of the young experimenter, it is vitally important to stop the practice early. As regards the established addict the idea is to secure treatment as soon as possible and as regards the addict/pedlar he is the most important of all since if his supplies can be cut off and he himself treated, spread of the practice is thereby limited. Efforts are being made to educate the public regarding the danger of drugs, and it is pointed out, in particular, to parents, that the suspicion of indulgence can often be caused by a change in behaviour of young persons who attract attention to themselves by becoming noisy or exhilarated or abnormally depressed. The discovery of dishonesty too, can give rise to suspicion since all drugs are costly and become more so as their use increases.

As regards illicit importation from outside the Island, one or two cases have emerged, but their detection was speedy and, while we have no grounds for complacency, the situation can be said to be under good control, strengthened by the Dangerous Drugs (Guernsey) Law of 1966.

SEWAGE DISPOSAL

During the year the Creux Mahié sewage disposal scheme came into operation. The scheme had become inevitable, because of the steadily increasing number of cesspits in the Island, and the consequent pressure on the emptying service. The situation had, in fact, arisen where there was a shortage of points at which the vehicles could be emptied, and the sewers receiving the loads are becoming overstrained. Despite this, the scheme did not have a tranquil political passage, since many doubts were expressed concerning the danger of pollution of beaches and the movement of effluent when it had reached the sea. Ultimately, anxieties were allayed by adding a process to the treatment plant which virtually sterilised the liquid leaving it, and it was soon evident that the whole project was an almost unqualified success. So much so, that many enquiries have been received about it, by both the States Engineer's and Public Health Departments, since it seems to offer by far the best method of dealing with sewage where there is any risk of pollution of coastal or inland water ways, in particular in areas used for bathing.

HERM—SANITATION AND WATER SUPPLY

It was noted, towards the end of the year, with much satisfaction, that the States had agreed to plans for producing a very substantial improvement, and it is hoped that the situation will be entirely satisfactory at or before the beginning of the visitor season of 1968.

HOUSING

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On the 26th July, 1967, after consideration of the Report dated the 1st June, 1967, of the States Housing Authority, the States resolved, *inter alia*, as follows:—

“To accept that Report and at the same time to request the States Housing Authority, in collaboration with the States Board of Health and other States Committees concerned—

- (a) to examine urgently all legislation relating to dilapidated and deteriorating properties with a view to ensuring that this legislation is best used to serve the interests of the community; and
- (b) if necessary, to recommend new legislation with a view to clarifying and strengthening the powers of the various Committees concerned in this field.”

A joint Committee, containing representatives of the Housing Authority and the Board of Health, has met on three occasions but is not yet ready to make a Report.

The following figures indicate the number and classification of families registered with the Housing Authority and awaiting accommodation at the end of each year:—

		1960	1961	1962	1963	1964	1965	1966	1967
Priority families ...	...	17	17	15	16	8	10	11	6
Eviction cases ...	...	24	40	51	54	70	33	33	20
17 points and over ...	...	80	53	41	51	67	23	20	24
1 to 16 points ...	...	194	196	225	216	243	168	180	145
No points ...	...	160	175	192	185	208	135	146	110
Totals ...	...	475	481	524	522	596	369	390	305
No. of families housed in 1967 ...	...	...	...	...	...	...	...	75	

CREMATION—AMENDMENT OF LAW

For many years the legal procedure for the carrying out of cremation in the Island has differed from that applying on the mainland. In essence, it contained a requirement that instead of the certificate being issued by two independent doctors of more than five years' standing, the part played by one of them should be carried out by the Medical Officer of Health or his Deputy. Some years ago representations were made that this system was inconsistent with generally accepted procedure and that in any case examination of bodies for cremation could hardly be regarded as falling within the field of public health. It was therefore gratifying to learn during the year that a change had been effected in the legislation to bring it more into line with conventional procedure and that the Public Health Department and its officers ceased to be involved.

FLOODABLE AREAS

In the field of public health work in the Island, certain problems recur with monotonous frequency. A period of heavy rain is inevitably followed by two types of complaint. The first is in connection with overflowing cesspools. The circumstances are usually that there is a rise in the sub-soil water table or actual slight flooding of the surface and this causes an offensive and sometimes dangerous spread of cesspool contents over the surrounding area. It can be said that most of these cases are dealt with very reasonable promptitude by the cesspool emptying service, bearing in mind, of course, that there is always a sudden and heavy increase in the demand for their services after a period of rain.

Householders who know that they are liable to this nuisance can protect themselves by the simple precaution of having their cesspools emptied rather more frequently at certain times of the year so as to keep the level lower. Further, people who instal cesspools for new premises should realise by now that causing a hole to be made in them in order to reduce the cost of emptying is a very unwise and uneconomic procedure, besides being illegal. What happens, of course, is that when the sub-soil water level rises, relatively clean water seeps into the cesspool, and has to be pumped out at their expense.

The other kind of nuisance which can occur, and which is much more serious is the extensive flooding of a residential area to a depth of one or two feet. This happens with tiresome frequency in one or two areas such as Palm Grove. The only remedy for these occurrences is the installation of proper surface water drainage and the prohibition of building in areas obviously subject to flooding. It is neglect of this latter elementary precaution which has been the cause of the trouble. It is understood that proper surface water drainage is being undertaken in at least one badly affected area.

HEALTH EDUCATION

As usual, the matter of health education was kept in mind and steadily pursued as far as Health Visitors' time permitted. There are, of course, two approaches. One is by the daily visiting of homes and the giving of family advice which covers a certain amount of ground steadily. More economic in effort is the attendance by Health Visitors at Women's Institutes preferably in their own districts to give lectures or rather informal talks with the aid of a film strip projector. In this connection, we are gradually accumulating a number of up-to-date and interesting titles, and a repertoire is being built up which can cover the field from year to year.

AMENITIES FOR VISITORS

1. *Beach Hygiene*

Apart from contamination by oil, which could hardly be regarded as a health hazard, the Island's beaches remained reasonably tidy and attractive during the season. While there are, of course, occasional exceptions, some credit for this must be given to co-operation from the visitors who seem to maintain a higher standard here than is evident at some resorts on the mainland. Such co-operation is encouraged by an ample provision of bins or baskets for litter, frequently emptied, and the maintenance of such provision should be kept in mind.

2. *Public Conveniences*

There is still room for improvement regarding these at some points, especially in St. Peter Port itself and at St. Sampson's. Improvements are needed both in quality and quantity, and consideration might well be given in due course to the complete reconstruction of conveniences opposite Picquet House and at St. Sampson's Harbour. One particular point continues to be demonstrated, and that is the great desirability of having an attendant to supervise the conduct of the premises. This really pays dividends, because it discourages sabotage and wilful untidiness. It also reduces the number of complaints, many justified, received from the public.

3. *Refuse Disposal*

During the year an important decision was reached regarding Dyson's Quarry at St. Sampson's. This large, deep, water-filled cavity had developed into a major public health nuisance and menace to health, besides being extremely unsightly. This situation had arisen owing to the extensive dumping by all and sundry of every kind of refuse from motor bodies to such items as old mattresses and organic material which when immersed in the water produced odours of decomposition and decay. The proposal to fill it in was fairly strongly opposed at first, especially by people living in its immediate vicinity, but sweet reason ultimately prevailed and this eyesore will eventually become useful land which might be used for playing field or other amenity.

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CONFERENCE REPORT

The Annual Conference of the Association of Public Health Inspectors held at Eastbourne on the 29th September, 1967 was attended by the Medical Officer of Health and the Chief Public Health Inspector.

From the point of view of the Medical Officer of Health, the conference was valuable not only from the technical aspect, but as a means of studying the present relationships on the mainland between the health inspectorates and their local authorities, and also their chief officers. It is evident that during the past twenty-five years, there has been a steady move amongst the health inspectorates of most local authorities towards enhancement of their status and a higher degree of specialisation. There has also been a tendency for the inspectorate of any local authority to move towards forming itself into an entity as separate from the Public Health Department as is possible while still remaining within its framework and under the direction of the Medical Officer of Health.

It is not easy to say whether this is entirely a bad idea provided that it does not produce lack of flexibility and the creation of a more or less autonomous unit within a department. In general, the health inspector of today as an individual

enjoys a public image vastly improved upon that of a quarter of a century ago, and this is well deserved, because his standard of general and technical education and his zeal for his work merit it.

Another interesting general impression which emerged was the strong movement towards centralisation in relation to the power of local authorities. Matters which, in the past, would have been dealt with by local administration are now so often the subject of legislation and direction from the Ministry. Whether this tends to stifle local enterprise it would be difficult to say, but it would seem that an extension of the centralisation of responsibility and direction would not be conducive to the full acceptance of local authorities of the desirability of acting on their own initiative. Finally, the impression that the march of progress in the field of environmental hygiene had resulted in the elimination of many of the problems which have faced local authorities for many years, would be incorrect. In our Island community, we could perhaps be excused for thinking that there were few urgent problems on the mainland, and that we were very much worse off in this respect than were many other places. This is not the case. Slum clearance and rehousing, the protection of food and the maintenance of its standard, disposal of community wastes, air pollution and noise control still present a very wide challenge for progress, and sometimes as fast as one problem is solved, another one generated by modern science takes its place, for example, the control of industrial atomic hazards and the disposal of radio-active wastes.

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Turning briefly now to some of the highlights of the conference, one particularly interesting discussion was on "The Improvement of Houses". The main theme here, apart from detailed discussion of the rather complex legal position was the desirability of stimulating applications for improvement grants to rehabilitate properties capable of being repaired. These are based on Part II of the Housing Act 1964. It emerged that in 1960 applications for improvement grants numbered 130, 832 but they had fallen in 1966 to 107, 720, whereas not only should a maintenance of the number of applications be expected, but rather a substantial increase. One explanation of this, the speaker said, might be that although the principles of the Housing Act were good, the procedure in practice had been found to be discouragingly cumbersome to house owners and local authorities. The lesson to be learned seemed to be that any legislation which might be contemplated in Guernsey directed to this end should be made as simple as possible.

DOES HEALTH PAY?

On the whole, local authorities are not over-anxious to spend considerable sums on the prevention of sickness and the encouragement of health. Sickness, after all, presents a concrete problem and is regarded by many as inevitable. The promotion of health appears to yield few obvious financial dividends. A detailed look, however, at some of the States Insurance Authority's figures for 1966 provides some food for thought. They say, in effect, that assuming that the wage rate of each claimant for Sickness Benefit was £2 a day, a *minimum* estimate of the cost of incapacity, in terms of loss of labour is £214,474 per annum. It may be noted that this is a minimum and conservative estimate, the true sum is probably nearer a quarter of a million pounds. The 107,237 lost working days are subdivided as follows:

Illness	76,982 days say	72%
Work Accidents	17,589 „ „	16%
Accidents not at work	12,666 „ „	12%
	<hr/>	<hr/>
	107,237 days =	100%
	<hr/>	<hr/>

which, translated into cash becomes—

Illness	£154,421
Work Accidents	34,316
Accidents not at work	25,737
	<hr/>
	£214,474
	<hr/>

If the above figures are related to the Island's budget as a whole, they can hardly lightly be brushed aside. Is enough being done to cut down this waste? If there is, it is not clearly evident. For example, accidents caused 28% of incapacity, and the cost in terms of loss of labour is over £60,000. Again this is a minimum estimate and the true total is probably higher. Nevertheless, one hears little about accident prevention and safety precautions.

As regards sickness it is rather more difficult to obtain a clear picture, since a number of indefinable factors may contribute to absenteeism. Generous certification by doctors could be a factor, the ready willingness of some workers to give up because of minor disabilities, and perhaps the neglect by many people of sensible precautions to preserve their health. A study of this might be rewarding.

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POPULATION

The 1967 estimates are as follows:—

Guernsey	45,884
Alderney	1,472
Sark	560

As regards visiting population, it might fairly be estimated that our population is increased by some 12,000 persons at any one time during the season, giving a summer population of some 59,916 for the whole Bailiwick inclusive.

BIRTHS

In 1967 there were 741 live births registered in the Island. Of these 362 were males and 379 females. The birth rate is therefore 16.14 per thousand. The corresponding rate for 1966 was 17.05.

There were 77 illegitimate births.

There were 16 still births as against 12 in 1966 giving a rate of 21.59 per thousand live births.

DEATHS

There were 546 deaths in all in 1967 as compared with 564 in 1966. The crude death rate arising from the total deaths is 11.46 per thousand with a corrected death rate of 9.83 per thousand. The correction is related to the particular age

and sex distribution of the population of the Island and the comparability factor is 0.86.

COMMENTS ON CAUSES OF DEATH IN 1967

1. The total number of deaths from all causes during the year was 546 as compared with 564 in 1966 and 568 in 1965. This represents a fall below the usual consistent level, but is of little significance unless it indicates the beginning of a pattern.

2. As regards the general trend of causes, there was no great variation from the usual.

3. *Pulmonary tuberculosis and other infectious diseases.*

Only one death occurred in this category in a case aged 71 years and whose actual pulmonary infection had long since been dormant. This follows the usual trend in regard to tuberculosis and infectious disease generally, and must be regarded as an indication of the gradual disappearance of this disease as a contribution to the general mortality.

4. *Cancer*

<i>Year</i>					<i>Deaths</i>	<i>Year</i>					<i>Deaths</i>
1946	...	...	...	...	74	1957	...	...	...	...	108
1947	...	...	...	...	66	1958	...	...	...	...	102
1948	...	...	...	...	77	1959	...	...	...	...	100
1949	...	...	...	...	88	1960	...	...	...	...	100
1950	...	...	...	...	66	1961	...	...	...	...	98
1951	...	...	...	...	98	1962	...	...	...	...	118
1952	...	...	...	...	91	1963	...	...	...	...	101
1953	...	...	...	...	72	1964	...	...	...	...	100
1954	...	...	...	...	86	1965	...	...	...	...	104
1955	...	...	...	...	84	1966	...	...	...	...	127
1956	...	...	...	...	70	1967	...	...	...	...	114

Leaving aside cancer of the lung and respiratory passages which are, as usual, dealt with separately, the total deaths from cancer were 114 in 1967 as compared with 127 in 1966. Bearing in mind that these were as high as 108 in 1957, the general picture cannot be regarded with any undue concern. As regards special sites for the occurrence of cancer and excluding the respiratory type, the commonest were cancer of the stomach (12) and of the large intestine (12); cancer of the breast caused 10 deaths and of the cervix and uterus 6. As regards these last figures, it might be anticipated that the introduction of cervical cytological examinations will produce a reduction in the future. On the subject of cancer generally, much the same can be said of 1967 as in previous years. It is felt that dietetic habits still contribute to some degree to the occurrence of the disease, and in particular more people should take more care of their dental condition. Diseases of the stomach and intestines are too often associated with a bad dental condition for this association to be merely fortuitous.

5. *Circulatory Diseases*

The figure for 1967 was 164 as compared with 187 in 1966. In this connection, regard must always be given to deaths in another category—that of disease of the nervous system in which 58 cases of death due to cerebral haemorrhage or cerebral embolism were caused. These two catastrophes are really due to vascular

degeneration which is, of course, circulatory. So it emerges that diseases of the circulation and blood vessels should really be blamed for 222 out of the total of 546 deaths. This is a very formidable reflection, and it is very difficult to suggest in any one direction in which a move towards prevention should be made. Like other degenerative diseases, including cancer, one explanation must apply and that is the increasing number of people reaching the higher age groups. Nevertheless, it would be encouraging if the considerable amount of research work going on all over the world could reveal more authoritative information on the whole subject of vascular disease.

6. *Bronchitis*

Of the 63 deaths returned as due to disease of the respiratory system, 15 were stated to be due to chronic bronchitis, but this is not a very useful figure, because some degree of bronchitis is so often associated with death from other causes particularly amongst the elderly. Some years ago, the impact of bronchitis generally was .54 per thousand in England as compared with our .50 per thousand, so at least we can feel that our figures are no worse than most and better than many.

7. *Senility*

The number of deaths returned during 1967 as being due to senility alone was 21, as compared with 31 in 1966 and 43 in 1965. Once again it should be noted that this figure is really of very little actual value. Probably a more significant figure would be the average age of death of the entire population based on the number of deaths occurring in any year. The latest available figures for England and Wales show that in 1966 the mean age at death for males and females was 65.9 and 71.9 respectively, while in Guernsey for that year the figures were 66.8 and 72.5.

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CREMATIONS						
<i>Year</i>						<i>Total</i>
1955	55
1956	70
1957	69
1958	50
1959	65
1960	73
1961	80
1962	...	...	...	...	...	99
1963	...	...	...	...	...	106
1964	...	...	...	...	...	102
1965	...	...	...	...	...	122
1966	...	...	...	...	...	89
1967	...	...	...	...	...	129

The total number of cremations in 1967 was 129, the highest ever, being an increase of 7 over 1965. The figures, of course, for 1966 must be disregarded since the crematorium was closed for quite a long time owing to the overhaul of the premises. It could be anticipated and hoped that the upward trend in cremation will continue, if only because of the conservation of available land in the Island.

TABLE II *

YEAR	Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude rate per 1,000	Adjusted rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34

* TABLE II—Note (a) Methods of estimating the mid-year population were changed in 1958 and 1964 in an effort to achieve greater accuracy.

Note (b) Estimates for 1963 and 1964 are based upon preliminary population figures compiled from the 1961 Census Returns.

INFANT MORTALITY

The number of deaths of infants under one year of age was 21, giving an Infant Mortality Rate of 28.34. The total last year was 13, giving a rate of 16.6. The rate for 1965 was 19.61 and for 1964 21.32 per thousand live births. Of the total 21 deaths, 16 occurred under the age of one month giving a neo-natal death rate of 21.59 per thousand live births as compared with 15.38 last year. The rates for England and Wales in 1967 were Infant Mortality: 18.3. Neo-natal Mortality: 12.5. In view of the apparently high level of rates of death under one year for 1967, a detailed statistical comparative analysis was carried out covering the period of 18 years from 1950—1967. This showed conclusively that the apparent increase was not statistically significant as it applied to one year, but further trends need to be carefully watched.

MARRIAGES

389 marriages took place during the year as compared with 416 last year. The corresponding rates are 8.47 and 9.09 per thousand respectively.

CARE OF THE AGED

The figures for 1967 and previous years are as follows:

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	1964	1965	1966	1967
Total waiting list at 1st January ...	116 (32M.) (84 F.)	95 (32M.) (63 F.)	106 (47M.) (59 F.)	108 (44M.) (64 F.)
Deaths during year	50	45	29	36
Admissions to Institutions during year	47	66	60	104
Total waiting list at 31st December	95 (32M.) (63 F.)	106 (47M.) (59 F.)	108 (44M.) (64 F.)	104 (42M.) (62 F.)

In general, they confirm the impression which has been growing since interest first focused on the geriatric problem in 1964. It seems that we start each year with a waiting list approximately 100 persons and end it at roughly the same level. During the year about one third of this number die and two thirds find their way into institutions, the gaps being filled up by persons coming on to the waiting list. In 1967 it can be noted that a substantially larger number of people were able to be found accommodation in institutions (104 as against 66 in 1965 and 60 in 1966). The main reason for this is a steady increase in selectivity as regards admissions, whereby by far the majority of cases admitted are those in most urgent need. It follows from this that their actual stay in the institution is on an average of shorter duration. Also, a further 12 beds became available in the St. Peter Port Hospital. The persistent waiting list of about 100 persons does suggest that a certain number of people (though by no means all) still have

to be retained in their homes to their own discomfort and that of their relatives, who would benefit from earlier removal. It might be estimated that at any one time these might number under 30, and it seems reasonable to suggest that the addition of 30 (welfare type) beds to our existing accommodation would stabilise the situation for a long time ahead. This would be particularly the case if it is possible to develop some kind of clinical rehabilitation service, and indeed plans to this end are taking shape. During the year another aspect of the problem received consideration, and that was the strengthening of the bridge between the hospital in-patients and their homes. We have been aware for a long time that when an elderly person is admitted to the Princess Elizabeth Hospital for a stay of fairly long duration there is a tendency in some cases for relatives to make other use of their accommodation, so that when the time comes for their discharge there is nowhere for them to go but into an institution. This factor is, of course, aggravated by the general shortage of accommodation, especially during the visitor season. In order to overcome this, arrangements were made for the Princess Elizabeth Hospital to advise us of the admission of elderly persons who might be in hospital for several months, and we followed up this notification by visiting the patients' home from time to time to make sure that the door would not be closed against them on their discharge. This has worked fairly well but improvement is still possible. The especial advantage of such a scheme is that the longer old people can be maintained in reasonable comfort in their own homes so is there less demand for institutional beds. In addition, of course, nearly all elderly folk are far happier in their own homes than in any institution. It is perhaps excusable to emphasise again that few needy geriatric cases can ever be regarded as an isolated problem, in other words, that they must be regarded as either a grievous burden or at least a heavy responsibility on all members of the family, and that solving the problem of their welfare is of benefit not only to the patient but to a lot more people besides.

TABLE III

Census 1951

Ages—(Five Year Groups)

<i>Age last Birthday</i>					<i>Guernsey including Herm & Jethou</i>		
					<i>Persons</i>	<i>Males</i>	<i>Females</i>
65-69	...	...	...	...	1,831	816	1,015
70-74	...	...	...	...	1,517	660	857
75-79	...	...	...	...	1,016	430	586
80-84	...	...	...	...	567	207	360
85-89	...	...	...	...	248	84	164
90-94	...	...	...	...	47	17	30
95 and over	...	...	...	...	11	1	10
Aged 65+					5,237	2,215	3,022

Census 1961

Ages—(Five Year Groups)

Age last Birthday					Guernsey including Herm & Jethou		
					Persons	Males	Females
65-69	...	...	...	...	2,099	873	1,226
70-74	...	...	...	...	1,649	646	1,003
75-79	...	...	...	...	1,229	468	761
80-84	...	...	...	...	749	284	465
85-89	...	...	...	...	346	119	227
90-94	...	...	...	...	86	22	64
95 and over	...	...	...	...	14	2	12
Aged 65+					6,172	2,414	3,758

The census figures for 1971 are awaited with great interest since they will enable us to see how far the ageing of the population has gone, and whether the trend shown in the 1951 and 1961 censuses continues. The results of the census will, of course, be of considerable value in planning ahead for the care of the elderly, since it will give an indication of their numbers in relation to the general population. Indeed there is some argument here in favour of having a modified census at five year intervals rather than the long interval of ten years.

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INFECTIOUS DISEASES

King Edward VII Hospital

Patients admitted during 1967

Diseases										Cases	Deaths
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	11	1
Chicken Pox	...	...	...	...	...	...	...	...	...	4	—
Gastro Enteritis	...	...	...	...	...	...	...	...	...	2	—
Herpes Zoster	...	...	...	...	...	...	...	...	...	1	1
Measles	...	...	...	...	...	...	...	...	...	1	—
Mumps	...	...	...	...	...	...	...	...	...	1	—
Pemphigus	...	...	...	...	...	...	...	...	...	1	—
Tonsillitis	...	...	...	...	...	...	...	...	...	2	—
Total	...	...	...	...	...	...	...	...	...	23	2
Geriatric	...	...	...	...	...	...	...	...	...	19	10

The pattern of admissions for 1967 showed the usual trend and confirms the impression which has been gained for a number of years past that most infectious diseases are diminishing, both in seriousness and numbers. A minor matter which received attention during the year was the change of name of the institution from

“ King Edward Sanatorium ” to “ King Edward VII Hospital ”. The reason for the change was partly that relatives of the patients felt that the word sanatorium has always carried the implication that all the people in it suffered from tuberculosis. Partly also, because the treatment of tuberculosis is no longer particularly confined to a sanatorium.

Tuberculosis

As regards pulmonary tuberculosis there were 11 cases admitted during the year as against 16 last year and one death only as compared with three in 1966. Indeed, it is questionable whether the one death noted, which occurred in a patient of 71 years, should properly be attributed to tuberculosis as a main cause, since his disease had been dormant for a number of years and his demise was largely due to senility and a failing heart. Actually, it would therefore be true to say that so far as the hospital was concerned the death rate for the year from tuberculosis could be regarded as nil, and this typifies the trend which has been evident for a good many years. During the year 95 patients attended the out-patient clinic and nearly all of them maintained regular attendances for treatment and check at varying intervals related to the stage of their disease. As usual it was found rather difficult to secure employment for those who were capable of light work, especially in view of the fact that the disease now presents itself by far most frequently in the higher (50-70) age groups.

It has just been noted that notifications and deaths of tuberculosis have been diminishing over a considerable period, but it is important to recognise that much of this is attributable to constant checking of the general immunity by tuberculin testing of young people and by protection by BCG vaccination where this is found necessary. Bringing the statistics up to date they are as follows:

TUBERCULIN TESTING OF INFANTS

TABLE IV

<i>Year</i>				<i>Tuberculin Tests</i>	<i>+ ve Reaction</i>	<i>Incidence</i>
1961	...	...	...	565	6	1.06%
1962	...	...	...	257	1	0.39%
1963	...	...	...	668	7	1.05%
1964	...	...	...	497	2	0.40%
1965	...	...	...	832	9	1.08%
1966	...	...	...	927	23	2.48%
1967	...	...	...	595	8	1.34%

TUBERCULIN TESTING OF JUNIORS

TABLE V

<i>Year</i>				<i>Tuberculin Test</i>	<i>+ve Reaction</i>	<i>Incidence</i>
1961	...	...	...	403	10	2.48%
1962	...	...	...	505	24	4.75%
1963	...	...	...	773	16	2.07%
1964	...	...	...	461	8	1.71%
1965	...	...	...	472	9	1.91%
1966	...	...	...	504	20	3.94%
1967	...	...	...	551	18	3.26%

B.C.G. VACCINATION OF JUNIORS

TABLE VI

<i>Year</i>				<i>Negative Reactors</i>	<i>B.C.G. Vaccinations</i>	<i>Acceptance Rate</i>
1961	...	...	...	403 — 10 = 393	396	100%
1962	...	...	...	505 — 24 = 481	481	100%
1963	...	...	...	773 — 16 = 757	722	95.5%
1964	...	...	...	461 — 8 = 453	445	98.3%
1965	...	...	...	472 — 9 = 463	453	97.9%
1966	...	...	...	504 — 20 = 484	468	96.7%
1967	...	...	...	551 — 18 = 533	511	95.9%

Poliomyelitis:

As in the case of last year no notification of poliomyelitis was received in 1967. Once again, however, it must be stressed that the mass immunity of the population must be maintained. With the continuing complete absence of the clinical disease of poliomyelitis from the Island it must be assumed that the immunity of every individual diminishes and people must continue to maintain immunity by inoculation. In 1966, 720 inoculations were given and in 1967, 275.

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Diphtheria

Exactly the same applies as regards diphtheria. No notification was received in 1967, and the impression might grow that we could slacken our efforts to secure full protection of young persons by vaccination. This is just as erroneous in the case of diphtheria as it is as regards polio. There must always be the chance that the odd infection might find its way to this Island, and unless protection is maintained it might take on a virulent form. In 1967, 963 children received primary immunisation.

Measles

One case only was admitted in 1967 as compared with one in 1966, seven in 1965 and two in 1964. This, of course, is in harmony with the usual pattern, though it cannot be taken as an accurate reflection of the actual occurrence of measles in the Island since many cases are very mild and nursed at home. As usual, complications, if any, have been slight or more cases could have been sent for admission to the hospital. Much the same applies to Rubella, but of course, this disease, especially in young females, must always be dealt with with caution. In cases where the disease manifests itself in pregnancy the administration of Gamma Globulin is essential and supplies are maintained in the Department for this purpose. As regards any form of preventive inoculation for ordinary measles the desirability of its introduction is kept under constant review, but there appears to be still no definite indication that it is needed.

TABLE VII

VENEREAL DISEASE

					<i>Male Section</i>		<i>Female Section</i>	
					1966	1967	1966	1967
1.	Number of persons under treatment or surveillance on 1st January:							
	Syphilis	...	...	...	2	5	5	6
	Gonorrhea	...	...	...	6	21	—	—
	Non-specific or non-venereal conditions	...	...	...	4	10	1	—
2.	Number of persons previously removed from register who returned for treatment due to re-infection ...				4	6	1	1
3.	Number of fresh infections during year:							
	Syphilis contracted locally	...			1	—	1	1
	Syphilis contracted outside the Island	...	...	...	4	3	—	—
	Gonorrhea contracted locally	...			11	14	7	6
	Gonorrhea contracted outside the Island	...	...	...	55	34	1	—
	Non-specific or non-venereal conditions contracted locally	...			28	31	3	4
	Non-specific or non-venereal conditions contracted outside the Island	...	...	...	18	25	—	—
4.	Cases discharged:							
	Syphilis	...	...	...	2	4	—	5
	Gonorrhea	...	...	...	51	52	8	5
	Non-specific or non-venereal conditions	...	...	...	40	54	4	4
5.	Number of persons remaining under treatment or observation on 31st December:							
	Syphilis	...	...	...	5	4	6	2
	Gonorrhea	...	...	...	21	17	—	1
	Non-specific or non-venereal conditions	...	...	...	10	12	—	—
6.	Number of attendances				702	644	96	102

Enteritis

Two cases were admitted to the Hospital in 1967 and the same number in 1966. This again confirms the impression that catering standards in the Island generally are maintained at a very satisfactory level of cleanliness and efficiency, and that the increased vigilance exercised over camping sites is paying dividends. In years past, it has been not unusual for quite a considerable number of campers to need admission to the hospital for short periods owing to the breakdown of cleanliness in camp hygiene. As in the case of measles, admissions to the hospital can only be taken as broad indication since there must be quite a number of visitors and indeed residents, in the Island who are dealt with by their own doctors and whose complaint is not severe enough to need any hospital treatment.

Cancer and Lung Cancer

TABLE VIII

Guernsey							Cancer All Forms	Cancer of Lung
Year								
1954	...	...	...	...	...	...	78	9
1955	...	...	...	...	...	..	81	18
1956	...	...	...	...	...	...	68	11
1957	...	...	...	...	...	...	104	19
1958	...	...	...	...	...	...	102	25
1959	...	...	...	...	...	...	97	21
1960	...	...	...	...	...	...	100	16
1961	...	...	...	...	...	...	98	14
1962	...	...	...	...	...	...	114	28
1963	..	...	...	...	...	...	100	28
1964	...	...	...	...	...	...	100	19
1965	...	...	...	...	...	...	104	22
1966	...	...	...	...	...	...	127	29
1967	...	...	...	...	...	...	114	26

		Cancer all Forms		Cancer of Lung		Cancer of Lung per 1,000 of population	
Year		Jersey	Guernsey	Jersey	Guernsey	Jersey	Guernsey
1964	.....	157	100	40	19	0.65	0.42
1965	.....	161	104	56	22	0.9	0.48
1966	.....	157	127	42	29	0.66	0.63
1967	.....	167	114	40	26	0.63	0.56

The total number of deaths from cancer of the lung and respiratory passages in 1967 was 26 as against 29 in 1966 and is over the average for the past 13 years (19.1). As regards the total figure for cancer of all forms which is 114 for 1967 and 127 for 1966 there is a slight decrease. The presumed cause for this regular pattern of disease must be the regularity of the pattern of life of the Island population, which is reflected in so many statistics which reflect upon its health. Once again, longevity probably increasing must play a substantial part. The provisional figure for cancer of all forms in England and Wales is 110,055 giving a ratio of 2.27 per thousand of the population and of lung cancer 28,250 giving a ratio of 0.58 per thousand of the population.

INFLUENZA

This disease did not figure more prominently in the Island during 1967 than usual and once again no effort was made to secure widespread immunisation. It is still to be hoped, however, that sooner or later a vaccine may be found which will effectively control this disease. Ideally, it should be as easily administered as oral polio vaccine and devoid of any discomfort after it has been given.

FOOD CONTROL

The administrative machinery and field work in this branch of public health work functioned smoothly during the year and many improvements were secured in the catering trade without any recourse to legal action or undue pressure. It seems quite evident that the trade has come to regard the Department in the light which the latter wishes to be seen, that is not as critics but as friendly advisers. Further there is undoubtedly wider acceptance by all concerned in food preparation that it is manifestly in their own interests to follow the standards recommended by us. As time goes by, and in the light of visits paid to resort towns outside the Island the conviction is emerging that our general standards here are every bit as good as, if not better than, most and this is a satisfying thought.

WATER SUPPLIES

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Once again we had some cause for self-congratulation on the general adequacy and purity of the Island's main water supply. True, occasional complaints were received on unpleasant taste, but these were confined to very few instances in very small areas and could be attributed to the fact that it is the practice of the Water Department to step up chlorine dosage in an area where there has been disturbance of the reticulation system and the occasional possibility of negative pressure. Such precautionary measures are commendable. As usual, constant contact was maintained with the Labour and Welfare Committee on the subject of the importation of dangerous chemicals used in agriculture, and this problem is as well controlled here in the Island certainly as anywhere else. This is especially necessary where we have a highly developed agricultural area, forming the catchment for main water supplies. As regards the rural users of wells, the occasional test was made, and an occasional unsatisfactory result was found. Little importance, however, can be attached to this, since all wells must be regarded with suspicion. The main thing here is that well water should not be drunk untreated by visitors who are unaccustomed to it, and contact is maintained with the Tourist Committee to ensure that people who house visitors and who derive their water supply from a well inform their guests to this effect, and treat the water.

SWIMMING POOLS

Three additional public or school pools were opened during the year, and it is hoped that the trend towards their introduction has not ended. It is admitted that, in theory, the inhabitants and visitors to an Island with so many beaches as we possess should not require many fresh water inland pools, but this is not the case, particularly as regards schools. The ideal circumstances are where young people can enjoy swimming not merely for the summer season but right through the year. Indeed, the benefit to their health is probably even greater during the winter months.

TABLE IX

ANNUAL STATISTICS FOR HEALTH VISITORS, 1967

<i>Health Visiting</i>								<i>Total</i>
1. Primary visit 0-1	...	...	...	...	...	...	...	757
2. Primary visit 1-5	...	...	...	...	...	...	...	242
3. Revisit 0-1	...	...	...	...	...	...	...	1,737
4. Revisit 1-5	...	...	...	...	...	...	...	2,088
5. Old Persons	...	...	...	...	...	...	...	1,473
6. Mentally disordered	...	...	...	...	...	...	...	115
7. Problem Families	...	...	...	...	...	...	...	79
8. Infectious households	...	...	...	...	...	...	...	238
9. Special and other visits	...	...	...	...	...	...	...	925
10. Non-effective visits	...	...	...	...	...	...	...	970
11. Total of visits	...	...	...	...	...	...	...	8,624
<i>Board of Health Clinics—Sessions</i>								
12. T.B. and chest	...	...	...	...	...	...	...	40
13. Inoculations and vaccinations	...	...	...	...	...	...	...	32
14. Staff Medicals	...	...	...	...	...	...	...	56
15. Infant Welfare	...	...	...	...	...	...	...	118
Phenistix tests carried out	...	...	...	...	...	...	...	730
Administration and Organisation Sessions for Board of Health and School Medical Services								295

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ALDERNEY

Report from Dr. D. C. Bell

Infectious Diseases

There were three isolated cases of measles in the course of the year occurring in June, July and December, otherwise there were no other infectious diseases.

In December there started an outbreak of influenza which was to spread into the present year.

The number of cases in December alone was 31, and one death occurred from resultant pneumonia. The symptoms were severe and did not warrant the appellation “mini-flu”. They consisted of high temperature, severe headache, bronchitis and sometimes enteritis. They lasted seven days or longer and left the patient very exhausted.

Births

There were 15 births in Alderney during the year and 5 cases were sent to Guernsey for delivery.

Deaths

There were 15 deaths.

Causes of Death

Bronchial Carcinoma	...	...	...	...	4
Endocarditis	...	...	...	...	3
Subarachnoid Haemorrhage	...	...	...	...	1
Congenital Deformity of Stomach	...	...	...	...	1
Hypertensive Heart Failure	...	...	...	...	1
Pulmonary Fibrosis and Emphysema	...	...	...	...	1
Acute Bronchitis and Emphysema	...	...	...	...	1
Prematurity	...	...	...	...	1
Cerebral Haemorrhage	...	...	...	...	1
Coronary Thrombosis	...	...	...	...	1

States Dairy

The question of Pasteurisation of the milk is still under review by the Agricultural Committee but nothing has yet been started. Routine Methylene Blue tests were carried out.

Visits

The Island was visited by Mr. Ball and Mr. Edwards on 30th March and again by Mr. Edwards on 7th June. Dr. White visited on 13th April.

Annual Rainfall

30.32".

Annual Sunshine

1766.0 hrs.

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LABORATORY

Report from Mr. H. A. Wilson—Chief Technologist

Section 1: General Laboratory Tests.

The number of reports issued was 16,375 and specimens referred to Dorchester totalled 703.

Section 2: Public Health Tests.

The number of reports issued was 137. Apart from some special samplings of oysters from growth beds all were of a routine nature.

Section 3: Blood Transfusion and Grouping.

	1965	1966	1967
(a) Pints donated	593	647	864
(b) Donors requested	646	710	979
(c) Pints cross-matched	757	902	1,100
(d) Patients cross-matched	304	383	460

Section 4: Exfoliative Cytology

The number of reports issued was 696.

CONCLUSIONS

For the year 1967 the overall total of all reports issued by the Department was 17,208. Last year the figure was 13,560 and the 27% work increase in 1967 is very substantial. A review of the past twenty years has shown a continual annual rise and this experience indicates that the trend in the growth rate will continue at a high level.

Consequently serious consideration has been given to the present and future policies of technical staff recruitment. The engagement of qualified staff has for some years been difficult because of competition with the U.K. where student technicians are the basic foundation to support and provide qualified staff, and overseas appointments which offer rapid prospects of promotion.

The Pathology Department has been approved and accepted by the Joint Committee on Approved Laboratories of the U.K., as a training centre for medical laboratory technicians for both the Intermediate and Final examinations of the Institute of Medical Laboratory Technology, subject to attendance of the students at appropriate block release courses in the U.K.

In August the Board of Health agreed to the proposal to employ students or junior technicians from local sources.

If this new policy proves to be successful it will provide a basic structure to support the qualified technical staff. During December one qualified technician was appointed to fill a vacancy and a second qualified technician appointed for general technical work but in particular to receive training in cytology in preparation for a projected expansion of this service.

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The cytology examinations commenced 16 months ago and a total of 875 primary cervical smears were examined. There were 21 smears reported as malignant or suspicious and 19 were confirmed carcinomas with biopsy reports. Based on the histories submitted 10 of the malignancies were routine, clinically healthy non-suspect patients. Bearing in mind that correct interpretations are partially dependent on very long experience to provide the essential knowledge and confidence in the subject, the results obtained are encouraging. I believe they provide sufficient justification for increasing the number of cervical smears at present being submitted.

In the 1966 Annual Report, attention was drawn to the continual increased demand for blood transfusions and the necessity to use every economy in 1967. The figures in section 3 illustrate very clearly however, that the demand for blood continued at an increased rate. Inevitably, as forecast, this resulted in a shortage of available blood donors necessitating a public appeal by newspapers and television media in September for more blood donors. The results of this appeal provided sufficient new donors to bridge the gap between supply and demand. Repetitive newspaper advertisements at regular intervals followed the appeal and have provided a substantial flow of new volunteers. During this period of extreme shortage the blood bank was low, but never exhausted.

Early in November everyone concerned with the blood bank facilities were advised of the facts and figures prevailing at that time. Perhaps the most interesting statistic is that whereas in 1965 there were 304 patients selected for blood transfusion, in 1967 there were 460 patients.

The extension to the Department was commenced in November and is scheduled for completion in May 1968. It will provide proper facilities for the reception and care of blood donors; a haematology and cytology laboratory; a blood bank and blood grouping laboratory.

These facilities will undoubtedly increase the overall efficiency of this Department and the working conditions for both staff and patients raised to a good standard. There is still a lot of work before us promoting and providing modern laboratory investigations and some of those which are economically possible and likely to be in good demand are already under consideration.

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR

The number of complaints received in the Department during the year was 1,238: this does not include rodent complaints, referred to later in this report.

The following table refers to classified visits and inspections in the General Category.

<i>Total Visits During 1967</i>							
Houses inspected	...	...	...	...	...	...	174
Houses reinspected	...	...	...	...	...	...	301
Overcrowding complaints	...	...	...	...	...	...	21
Workplaces inspected	...	...	...	...	...	...	24
Factories	...	...	...	...	...	...	23
Schools	...	...	...	...	...	...	17
Cesspools	...	...	...	...	...	...	95
Septic tanks	...	...	...	...	...	...	27
Streams (doutis)	...	...	...	...	...	...	62
Ditches	...	...	...	...	...	...	8
House drainage	...	...	...	...	...	...	144
Public sewers	...	...	...	...	...	...	40
Plans inspected on site	...	...	...	...	...	...	43
Drain tests applied	...	...	...	...	...	...	45
Verminous premises	...	...	...	...	...	...	109
Verminous persons	...	...	...	...	...	...	4
Verminous articles	...	...	...	...	...	...	17
Refuse accumulations	...	...	...	...	...	...	139
Controlled Tips (Refuse Disposal)	...	...	...	...	...	...	69
Smoke emissions	...	...	...	...	...	...	9
Atmospheric nuisances	...	...	...	...	...	...	48
Rodent control	...	...	...	...	...	...	74
Infectious disease	...	...	...	...	...	...	7
Complaints referred from Parochial Authorities	...	...	...	...	...	...	13
Public Conveniences	...	...	...	...	...	...	79
Dual visits with other Officers	...	...	...	...	...	...	88
Caravans	...	...	...	...	...	...	9
Camping sites	...	...	...	...	...	...	3
Inspections made in Herm	...	...	...	...	...	...	79
Inspections made in Alderney	...	...	...	...	...	...	16
Inspections made in Jethou	...	...	...	...	...	...	—
Appointments in Office	...	...	...	...	...	...	21
Carried forward							1,808

Brought forward	1,808
Appointments outside Office	142
Miscellaneous	220
Unsuccessful visits (i.e. No access)	63
Total:	2,233

The following table refers to the activities of the Public Health Inspectors in the field of food premises inspections and food hygiene.

SAMPLING (Bacteriological and Chemical):—

Food	15
Milk	11
Drugs	—
Ice Cream	113
Water	120
Swimming Water	25
Washing-up Water	1
Food consumer complaints	48
Food for voluntary surrender and disposal	231

FOOD PREMISES:—

Kiosks	34
Cafés	133
Restaurants	69
Bakehouses	42
Canteens	5
Licensed premises (public houses)	5
Hotels	221
Guest Houses	182
States Dairy and Milk Depots	34
Farms	82
Goat Farms	4
Packing Stations	4
Food Factories	3
Wet Fish Dealers	3
Fish and Chip shops	36
Grocers	483
Greengrocers	15
Butchers	61
Confectioners	46
Sweet Confectioners	5
Retail Markets	17
Mobile Vehicles	14
Food storage depots	58
Vending machines	12
Slaughterhouse	15
Dual visits with other Officers	178
Inspections made in Herm	23
Inspections made in Alderney	9
Inspections made in Jethou	—
Appointments in office	29
Carried forward	2,386

	Brought forward ...	...	2,386
Appointments outside office	...	...	53
Miscellaneous	...	...	107
Unsuccessful visits (i.e. No access)	...	...	89
		Total:	2,635

Samples submitted to the States Analyst for chemical analysis:

<i>Nature of Sample</i>	<i>Reason for Sampling</i>	<i>Result</i>
1. Floor sweepings	Suspected mice droppings	Negative
2. Cornish pastie	Suspected mould growth	Confirmed
3. Pork sausages	Suspected sour taste	Negative
4. Spider crab	Suspected oil	Crude oil present
5. Well water	Suspected oil	Negative
6. Meat pies	Suspected mould growth	Confirmed
7. Portion of meat pie	Suspected mould growth	Confirmed
8. Sausage rolls	Suspected mould growth	Confirmed
9. Well water	Sand content	Satisfactory
10. Well water for animal drinking	re nitrates	Satisfactory
11. Cistern water	Suspected lead	Positive but lead content well within permissible limits
12. Mains water	Suspected copper	Positive but amount of copper well within permissible limits
13. Mains water	Suspected copper	Positive but amount of copper well within permissible limits
14. Stain on drinking bowl	Suspected copper	Positive but amount of copper well within permissible limits
15. Cream doughnut	Foreign body	Identified as portion of flour sack
16. Rum truffle	Suspected soap contamination	Negative

Samples submitted for bacteriological analysis:

	<i>No. of samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Mains water	3	3	—
Well water	29	23	6
Water (Herm)	67	25	42
Water (Sark)	2	2	—
Swimming pools	5	5	—
Ice cream	107	104	3
Plum tomatoes	6	6	—
Cooked ham	5	—	5
Pork pie	1	—	1

Ice Cream

Of 107 ice cream samples taken and submitted for examination 104 were declared to be satisfactory: this is a very commendable result.

Food Complaints

There were 32 food complaints made to the Department during 1967.

FOOD SURRENDERED AS UNSOUND OR UNFIT FOR HUMAN CONSUMPTION

FISH

Anchovy Fillets—1 tin.
Cod fries (frozen)—1 pkt.
Cod Portions (frozen)—3 pkts.
Crab—5 tins—2 lbs.
Crab meat (frozen)—3 pkts.
Fish cakes—513 No.
Kippers (frozen)—6 pkts.
Pilchards—6 tins—6 lbs.
Plaice (frozen)—2 pkts.
Prawns (frozen)—4 pkts.
Salmon—7 tins—4 lbs. 8 ozs.
Sardines—1 tin—7 ozs.
Scampi (frozen)—8 pkts.
Shrimps—1 tin.
Smoked Haddock (frozen)—1 pkt.
Tuna—1 tin.

MEAT

Bacon—491 lbs.—16 gammons.
Beef—minced—6 trays—2 lbs. 10 ozs.
1 tin—10 ozs.
corned—7 tins—16 lbs. 1 oz.
slices (frozen)—1 pkt.
roast—3 lbs. 12 ozs.
frozen—34 lbs. 5 ozs.
diced (frozen)—4 bags—24 lbs.
brisket—11 tins—44 lbs.
20 lbs.
steak—13 tins—12 lbs. 10 ozs.
steak (frozen)—1 pkt.—67 lbs. 10 ozs.
pressed—6 lbs. 6 ozs.
croquettes—2 doz.
Beefburgers—112 lbs. 8 ozs.
Casserole steak—1 tin—16 ozs.
Chicken—whole—4 No.
legs—8 No. 3 lbs.
fillets—1 jar.
croquettes—32 doz.
Ham—cooked sliced—38 lbs. 8 ozs.
cooked—575 tins—5,914 lbs. 8 ozs.
Hamburgers—6 lbs.
Lamb—chops—56 lbs. 11 ozs.
cutlets—12 lbs.
Liver—34 lbs. 1 oz.
Liver Paté—3 lbs.
Luncheon Meat—2 small tins.
Ox Tongue—7 tins—42 lbs.
Pork—shoulder—22 tins—218 lbs. 5 ozs.
roast—28 lbs. 12 ozs.
roll—1 tin—3 lbs. 4 ozs.

rolled—10 lbs.

tenderloin—13 tins—45 lbs. 8 ozs.
legs—136 lbs. 8 ozs.
gammon—1 tin 11 lbs.
stuffed roll—3 lbs. 3 ozs.
luncheon meat—9 tins—7 lbs. 8 ozs.

Pies—2 No. large.

Sausages—pork—32 lbs. 8 ozs.

beef—58 lbs.

liver—10 lbs. 2 ozs.

(frozen)—1 pkt.

continental—21 lbs. 15 ozs.

irish pork—12 lbs.

frankfurters—36 pkts.

Sausage and beans—4 small tins.

Sausage rolls (frozen)—12 No.

Sausage meat—3 lbs. 8 ozs.

Steak and Kidney Pies—2 No. 2 lbs.

1 tin.

Soups—Oxtail —1 tin—10½ ozs.

chicken—1 tin—16 ozs.

Veal—2 lbs. 13 ozs.

jellied—4 tins—24 lbs.

strained dinner—1 tin.

Veal and ham pie—1 lb.

FRUIT

Apples—1 tin—16 ozs.—16 cartons.

Apricots—28 tins—28 lbs. 19 ozs.

Apricot Jam—3 jars—2 lbs. 12 ozs.

Blackberries—1 tin.

Blackcurrants—24 tins—48 lbs.

Cherries—8 trays—96 lbs.

Damsons—13 tins—86 lbs. 2 ozs.

Fruit Cocktail—6 tins—11 lbs. 8 ozs.

Fruit Salad—3 tins—19 lbs. 8 ozs.

Grapefruit—52 tins—127 lbs. 11 ozs.

Grapefruit juice—10 tins.

Lemons—155 tins.

Loganberries—3 tins—3 lbs.

Oranges—10 tins—10 lbs. 15 ozs.

Orange juice—28 tins.

Peaches—53 tins—8 lbs. 6 ozs.

Pears—10 tins—10 lbs.

Pie filling—1 tin—13¾ ozs.

Pineapples—17 tins—37 lbs.

Pineapple juice—2 tins—2 lbs. 8 ozs.

Plums—27 tins—158 lbs. 14 ozs.

Prunes—97 tins—49 lbs. 2 ozs.

Raspberries—1 tin—4 lbs. 2 ozs.

Rhubarb—4 pkts.—2 lbs.

Strawberries (frozen)—7 tins—4 lbs. 4 ozs.

VEGETABLES

Baked beans—20 tins—16 lbs. 1 oz.
 Beetroot—2 jars—2 lbs. 2 tins—3 lbs.
 Broad beans—12 tins—11 lbs. 8 ozs.
 Brussell Sprouts—180 lbs.
 Brussell Sprouts (frozen)—1 pkt.
 Butter Beans—1 pkt.—12 ozs.
 Cabbages—10 crates—(approx. 40 lbs.)
 Carrots—82 tins—73 lbs. 14 ozs.
 Cauliflower—25 crates.
 Instant mash—4,032 pkts.
 Mixed vegetables—2 tins—3 lbs.
 Peas—14 tins—20 lbs. 13 ozs.
 36 cartons—120 lbs.
 Potato Croquettes (frozen)—1 pkt.—2 doz.
 Potato Salad—1 large tin.
 Sliced beans—150 lbs.
 Soups—14 tins—7 lbs. 1½ ozs.—255 pkts.
 catering size.
 Sweet corn—3 tins—1 lb. 5 ozs.
 Tomatoes—9 tins—6 lbs. 9 ozs.
 Tomato juice—1 tin—2 quarts, 1 pt.
 5 tins—3 lbs. 1½ ozs.
 Tomato Purée—1 small tin.
 Tomato Sauce—1 tin—20 ozs.
 26 bottles—2 lbs. 12 ozs.
 Whole Beans—150 lbs.

MISCELLANEOUS

Babyfood—1 tin—4½ ozs.
 Biscuits—7 pkts.
 Breadcrumbs—1 pkt.
 Butter—363 lbs. 8 ozs.
 Cakes (assorted)—12 pkts.—24 slabs.
 Cereals—2 pkts.—1 lb. 4 ozs.
 Cheasies—9 pkts.—2 lbs.
 Cheese—174 wedges—6 doz. slices.
 120 lbs. 4 ozs.
 11 blocks—110 lbs. 13 ozs.
 Cheese—spread—67 pkts.—12 lbs. 12 ozs.
 biscuits—1,584 pkts.
 Chocolate biscuits—2 pkts.
 Chocolate—60 doz. bars (small).
 12 doz. large bars.
 1 pkt. home made.
 1 doz. pkts. croquettes.

RODENT CONTROL

Number of complaints of infestations (almost exclusively rat) ...	2,752
Number of visits and investigations made and treatments carried out	3,280

DISINFESTATION

During the year 138 complaints of flea infestation were received by the Department: these were dealt with as necessary by the use of a liquid spray.

MISCELLANEOUS—*continued*

Cream—8 tins.
 Cream Crackers—12 pkts.
 Creamed rice—3 tins.
 Eggs—8 doz. large.
 Evaporated Milk—2 small tins.
 6 large tins.
 Flour—85 pkts.—349 lbs.
 Grapefruit Jam—1 tin—1 lb. 3 ozs.
 Ground Rice—6 lbs.
 Lard—8 ozs.
 Lemon Curd—1 jar—1 lb.
 Macaroni Cheese—1 small tin.
 Milk—2 tins—1 lb. 4 ozs.
 Milk powder—2 bags—14 lbs.
 Mustard—32 jars—16 lbs.
 Pancake Mix—9,600 pkts.—3,000 lbs.
 Pastry (frozen)—6 pkts.
 Peanut Butter—8 jars—2 lbs.
 Porridge oats—1 pkt.
 Raspberry Cordial—1 bottle.
 Rice (Babyfood)—72 pkts.—27 lbs.
 Rusks—312 cartons.
 Salt—1½ lbs.
 Sage and Onion Stuffing—1 pkt.
 Soups—9 tins—8 lbs. 12 ozs.
 15 pkts.—47 lbs. 12 ozs.
 Suet—sweet—3 bags—42 lbs.
 all purpose—1 bag—14 lbs.
 Sugar—8 lbs.
 Confectionery—10 cwt. 2 grs.
 Tea—8 ozs.
 Unlabeled tin—1 No.
 Pastilles—8 cartons.
 Dry Ginger—40 cartons.
 Tonic Water—34 cartons.
 Bitter Lemon—12 cartons.
 Throat Sweets—20 cartons.
 Lemon Squash—12 bottles.
 Walnuts—1 pkt.
 All purpose sponge—2 bags—28 lbs.

ALDERNEY

The Island was visited twice by the Chief Public Health Inspector and by Mr. S. R. Edwards. Particular mention must be made of the splendid and commendable co-operation and progress in respect of the recommended heat treatment of the milk supply and its distribution in suitable closed containers.

HEALTH EDUCATION

One lecture was given during the year by the Chief Public Health Inspector to the staffs of a large grocery business on the island: the subject matter comprised the principles of sensible food handling and food hygiene in all categories of food premises.

CONFERENCES

During April the Chief Public Health Inspector attended Nottingham University to be present at the second international industrial pest control convention. During September the Chief Public Health Inspector attended the annual conference of the Association of Public Health Inspectors at Eastbourne. Messrs. R. Smith and J. M. Bairds attended the annual weekend seminar of the Association of Public Health Inspectors at Folkstone during April.

During May the Island was visited by Mr. A. J. Dickens, Product Information Manager of Messrs. Birdseye Foods Limited and opportunity was taken to arrange an informal meeting with Public Health Inspectors and other interested States officials to talk about the quick freezing of foods, their storage, display and distribution.

The proposed branch meeting in Guernsey of the Association of Public Health Inspectors during a weekend in March had regrettably to be cancelled owing to inadequate support: this was rather unfortunate since it is most desirable that Public Health Officers should be able to mix with their professional colleagues as often as possible to discuss items of current technical and social interest.

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<i>Public Health Department</i>		<i>Date of commencement of service with States</i>
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SMITH, Mr. R.	M.A.P.H.I. Public Health Inspector	3. 1.66
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PREVOT, Mrs. M. D.	S.R.N., R.F.N., S.C.M., H.V.Cert., Health Visitor/School Nurse	1.10.52
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THOMSON BROWN, Miss M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	22. 2.65
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	7. 2.66
REID, Mr. W. P.	Rodent Operator	1. 1.41
SIMON, Mr. B.	Rodent Operator	31. 1.66

APPENDIX I
Population by Age-groups, 1931 — 1961
Guernsey and Adjacent Islands

Age last birth- day	1931		1951		Percentage increase or decrease (—) 1931-1951		1961		Percentage increase or decrease (—) 1951-1961	
	Persons	Males	Persons	Males	Persons	Fems.	Persons	Males	Persons	Fems.
0-4	3,617	1,793	4,187	2,116	15.8	18.0	3,706	1,912	-11.5	-9.6
5-9	3,633	1,860	2,980	1,507	-18.0	-19.0	3,481	1,809	16.8	20.0
10-14	3,343	1,704	3,318	1,723	- 0.7	1.1	4,075	2,076	22.8	20.5
15-24	6,959	3,465	6,039	2,943	-13.2	-15.1	5,706	2,853	- 5.5	- 3.1
25-34	6,387	3,080	6,332	3,164	- 0.9	2.7	5,693	2,826	-10.1	-10.7
35-44	5,549	2,565	6,653	3,391	19.9	32.2	6,011	2,955	- 9.6	-12.9
45-54	5,081	2,432	5,864	2,853	15.4	17.3	6,392	3,155	9.0	10.6
55-64	4,063	1,959	4,657	2,081	14.6	6.2	5,588	2,587	20.0	24.3
65 +	4,111	1,816	5,466	2,313	33.0	27.3	6,447	2,545	17.9	10.0
All Ages	42,743	20,675	45,496	22,091	6.4	6.8	47,099	22,718	3.5	2.8
						6.1				4.2

APPENDIX II

SELECTED GUERNSEY HEALTH STATISTICS

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Infant Mortality Rate per 1,000 Live Births	29.5	14.2	32.6	31.6	13.1	26.9	19.9	33.0	22.3	19.7	14.3	21.1	17.6	28.5	21.32	19.61	16.6	28.34
Neo-Natal Deaths Rate per 1,000 Live Births	22.6	9.0	20.3	19.4	8.7	16.5	14.2	16.5	18.1	14.1	13.0	17.1	11.3	24.9	15.71	13.48	15.38	21.59
Still Births Rate per 1,000 Live Births	20.1	14.2	21.7	20.6	13.1	8.9	24.2	18.0	22.3	19.7	22.1	23.8	17.6	15.44	7.86	13.48	15.38	21.59
Pulmonary T.B. Rate per 1,000 . .	0.42	0.27	0.21	0.18	0.11	0.14	0.19	0.12	0.04	0.15	0.11	0.07	0.04	0.06	0.04	0.04	0.06	0.02

APPENDIX III
DEATHS BY AGE GROUPS AND CAUSES — 1967

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1967	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP II																					
Cancer and other Tumours																					
150	Malignant neoplasm of oesophagus ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2	
151	Malignant neoplasm of stomach ...	—	—	—	—	—	—	—	—	—	—	3	—	4	1	2	2	9	3	12	
153	Malignant neoplasm of large intestine, except rectum	—	—	—	—	—	—	—	—	—	—	2	1	1	1	—	7	3	9	12	
154	Malignant neoplasm of rectum ...	—	—	—	—	—	—	—	—	1	—	2	1	—	1	1	2	4	4	8	
155	Malignant neoplasm of biliary passages and of liver (stated to be primary site)	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	—	6	—	6	
156	Malignant neoplasm of liver (secondary and unspecified)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
157	Malignant neoplasm of pancreas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	1	3	
161	Malignant neoplasm of larynx ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	
162	Malignant neoplasm of bronchus and trachea, and of lung specified as primary	—	—	—	—	—	—	—	—	—	—	8	—	11	—	—	1	19	1	20	
163	Malignant neoplasm of lung, unspeci- fied as to whether primary or secondary	—	—	—	—	—	—	—	—	1	—	2	—	1	—	1	1	5	1	6	
170	Malignant neoplasm of breast ...	—	—	—	—	—	—	—	—	—	1	—	5	—	1	—	3	—	10	10	
	Carried forward	—	—	—	—	—	—	—	—	2	2	20	8	21	4	8	17	51	31	82	

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	—	—	—	—	—	—	—	—	2	2	20	8	21	4	8	17	51	31	82
	<i>GROUP II (Continued)</i>																			
171	Malignant neoplasm of cervix uteri ...	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	4	4
172	Malignant neoplasm of corpus uteri ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
174	Malignant neoplasm of uterus, unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
175	Malignant neoplasm of ovary Fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2
177	Malignant neoplasm of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	4	—	4
181	Malignant neoplasm of bladder and other urinary organs	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	3	1	4
190	Malignant melanoma of skin	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
193	Malignant neoplasm of brain and other parts of nervous system	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	2	1	3
196	Malignant neoplasm of bone	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
199	Malignant neoplasm of other and unspecified sites	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
200	Lymphosarcoma and reticulosarcoma	—	—	—	—	—	—	—	—	—	—	1	—	3	1	—	—	4	1	5
201	Hodgkin's disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
204	Leukaemia and aleukaemia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
224	Benign neoplasm of endocrine glands	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	Totals: GROUP II	—	—	—	—	—	—	1	—	3	2	26	15	27	9	11	21	68	47	115

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP III <i>Allergic, endocrine system, metabolic and nutritional diseases</i>																			
241	Asthma	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	3	3
260	Diabetes mellitus	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	1	2	3	5
274	Diseases of adrenal glands	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP III	—	—	—	—	—	—	1	—	—	1	2	—	—	1	2	2	3	6	9
	GROUP V <i>Mental, Psychoneurotic and Personality Disorders</i>																			
304	Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
322	Alcoholism	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	1	3	1	4
	GROUP VI <i>Diseases of the nervous system and sense organs</i>																			
331	Cerebral Haemorrhage	—	—	—	—	—	—	—	—	—	—	3	3	5	3	10	14	18	20	38
332	Cerebral embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	1	2	1	3	3	10	5	15	20
334	Other and ill-defined vascular lesions affecting central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	15	18	16	18	34
344	Late effects of intracranial abscess or pyogenic infection	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
345	Multiple sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	Carried forward	1	—	1	—	—	—	—	—	—	—	4	5	7	7	28	42	41	54	95

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	1	—	1	—	—	—	—	—	—	—	4	5	7	7	28	42	41	54	95
350	Paralysis agitans	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	3	3
352	Other cerebral paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
355	Other diseases of brain	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
356	Motor neurone disease and muscular atrophy	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP VI	1	—	1	—	—	—	—	—	1	—	4	6	7	8	28	46	42	60	102
	GROUP VII																			
	<i>Diseases of the circulatory system</i>																			
410	Diseases of mitral valve	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
416	Other heart disease specified as rheumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
420	Arteriosclerotic heart disease, including coronary disease	—	—	—	—	—	—	—	—	—	—	24	3	15	11	24	20	63	34	97
421	Chronic endocarditis, not specified as rheumatic	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	3
422	Other myocardial degeneration	—	—	—	—	—	—	—	—	—	—	—	—	4	1	4	10	8	11	19
433	Functional disease of heart	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	—	3
434	Other unspecified diseases of heart	—	—	—	—	—	—	—	—	—	—	1	—	3	—	2	5	6	5	11
443	Other and unspecified hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	2	—	—	3	—	—	2	3	5
444	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3	3
445	Essential malignant hypertension	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	2
450	General arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	2	8	2	10
451	Aortic aneurysm, non-syphilitic and dissecting aneurysm	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	<i>Carried forward</i>	—	—	—	—	—	—	—	—	—	1	29	4	24	20	40	39	93	64	157

Intern List No.	Cause of Death	0—1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1967	
		M F		M F		M F		M F		M F		M F		M F		M F					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP VII (Continued)																					
465	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	1	29	4	—	—	—	—	—	1	5	6
467	Other diseases of circulatory system ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1
Totals: GROUP VII		—	—	—	—	—	—	—	—	—	2	30	4	25	20	40	43	95	69	164	
GROUP VIII																					
<i>Diseases of the respiratory system</i>																					
490	Lobar pneumonia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2	
491	Bronchopneumonia	—	—	—	1	—	—	—	—	—	—	3	1	3	1	5	12	11	15	26	
492	Primary atypical pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	
493	Pneumonia, other and unspecified	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2	1	4	5	
501	Bronchitis unqualified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	
502	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	5	—	2	—	7	1	14	1	15	
522	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	2	4	3	7	
526	Bronchiectasis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	
527	Other diseases of lung and pleural cavity	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	1	3	
Totals: GROUP VIII		1	1	—	1	—	—	—	—	—	1	10	1	8	4	17	19	36	27	63	

Intern List No.	Cause of Death	0 - 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		Total All Ages	Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	GROUP IX																		
	<i>Diseases of the Digestive System</i>																		
539	Diseases of oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
540	Ulcer of stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
570	Intestinal obstruction without mention of hernia	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	2	2	4
581	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	2	3	7
	Totals : GROUP IX	—	—	—	—	—	—	—	—	—	—	2	2	2	2	3	2	7	13
	GROUP X																		
	<i>Diseases of genito-urinary system</i>																		
590	Acute nephritis	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	2
592	Chronic nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
593	Nephritis not specified as acute or chronic	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	3	3
600	Infections of kidney	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3
606	Other diseases of bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Totals: GROUP X	—	—	—	—	—	—	—	—	1	—	1	—	—	3	3	1	5	10

Intern List No.	Cause of Death	0-4	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total All Ages		Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	
710	GROUP XII <i>Diseases of the Skin and Cellular Tissue</i>											
	Other hypertrophic and atrophic conditions of skin	—	—	—	—	—	—	I	—	I	—	I
	Totals: GROUP XII	—	—	—	—	—	—	I	—	I	—	I
744	GROUP XIII <i>Diseases of the Bones and Organs of Movement</i>											
	Other diseases of muscle, tendon and fascia	—	—	—	I	—	—	—	—	I	—	I
	Totals: GROUP XIII	—	—	—	I	—	—	—	—	I	—	I
754	GROUP XIV <i>Congenital Malformations</i>											
	Congenital malformations of circulatory system	—	I	—	—	—	—	—	—	—	I	I
	Congenital malformations of genitourinary system	—	I	—	—	—	—	—	—	—	I	I
759	Other and unspecified congenital malformations not elsewhere classified ...	2	—	—	—	—	—	—	—	2	—	2
	Totals: GROUP XIV	2	2	—	—	—	—	—	—	2	2	4

Intern List No.	Cause of death	0 - 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		Total All Ages		Grand Total 1967
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	GROUP XV																			
	<i>Certain diseases of early infancy</i>																			
762	Postnatal asphyxia and atelectasis ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
763	Pneumonia of newborn	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
769	Neonatal disorders arising from certain diseases of the mother during pregnancy	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
773	Ill-defined diseases peculiar to early infancy	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
774	Immaturity with mention of any other subsidiary condition	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
776	Immaturity, unqualified	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	6
	Totals: GROUP XV	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	13
	GROUP XVI																			
	<i>Symptoms, senility, and ill-defined conditions</i>																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
792	Uraemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2	3
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6	14	6	15	21
	Totals: GROUP XVI	—	—	—	—	—	—	—	—	—	—	1	—	1	1	7	16	9	17	26

Intern List No.	Cause of Death													Total All Ages		Grand Total 1967	
	0 - 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M		F
GROUP N.XVII																	
Alternative classification of accidents, poisonings, and violence (nature of injury)																	
N.852	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.853	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.861	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
N.863	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
N.908	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	3
N.933	—	1	—	—	—	—	—	—	—	—	—	—	2	—	2	1	3
N.949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
N.968	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.972	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	2
N.990	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.991	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	1	4
N.992	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Totals: GROUP N.XVII ...																	
	—	1	—	—	—	2	—	5	—	1	—	3	2	3	1	2	1
															16	5	21

DEATHS OF AGE GROUPS—SUMMARY

Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages	Grand Total 1967	Total 1966
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
GROUP I: Infective & parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
GROUP II: Cancer and other tumours	—	—	—	—	—	—	1	—	3	2	26	15	27	9	11	21	68	47	128
GROUP III: Allergic, endocrine system, metabolic & nutritional diseases ...	—	—	—	—	—	—	1	—	—	1	—	2	—	1	2	2	3	6	7
GROUP IV: Diseases of the blood & blood forming organisms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
GROUP V: Mental, psycho neurotic & personality disorders	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	1	3	1	2
GROUP VI: Diseases of the nervous system and sense organs	1	—	1	—	—	—	—	—	1	—	4	6	7	8	28	46	42	60	92
GROUP VII: Diseases of the circulatory system ...	—	—	—	—	—	—	—	—	—	2	30	4	25	20	40	43	95	69	187
GROUP VIII: Diseases of the respiratory system ...	1	1	—	1	—	—	—	—	—	1	10	1	8	4	17	19	36	27	45
GROUP IX: Diseases of the digestive system	—	—	—	—	—	—	—	—	—	—	2	2	2	2	3	2	7	6	10
GROUP X: Diseases of the genito-urinary system	—	—	—	1	—	—	—	—	1	—	1	—	—	3	3	1	5	5	7
Carried forward	2	1	1	2	—	—	2	—	5	6	75	30	69	47	105	135	259	221	484

Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total 1967	Total 1966
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
<i>Brought forward</i>	2	1	1	2	—	—	2	—	5	6	75	30	69	47	105	135	259	221	480	484
GROUP XI: Delivery and complications of pregnancy, childbirth & the puerperum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XII: Diseases of the skin and cellular tissue	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—
GROUP XIII: Diseases of the bones and organs of movement	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—
GROUP XIV: Congenital malformations	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4	2
GROUP XV: Certain diseases of early infancy	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	13	11
GROUP XVI: Symptoms, senility and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	1	—	1	1	7	16	9	17	26	43
GROUP N.XVII: Alternative classification of accidents, poisonings & violence (nature of injury) ...	—	1	—	—	2	—	5	—	1	—	3	2	3	1	2	1	16	5	21	23
TOTALS:	13	8	1	2	2	—	8	—	6	6	79	32	74	49	114	152	297	249	546	564

Cause of Infant Deaths—Under one month

					M	F	Total
754	Congenital malformations of circulatory system	..	..	..	—	1	1
757	Congenital malformations of genito-urinary system	..	..	..	—	1	1
759	Other and unspecified congenital malformations not elsewhere classified	..	..	..	2	—	2
762	Post-natal asphyxia and atelectasis	..	..	..	1	1	2
763	Pneumonia of newborn	..	..	..	2	—	2
774	Immaturity with mention of any other subsidiary condition	..	..	..	—	1	1
776	Immaturity unqualified	..	..	..	4	2	6
N.933	Foreign body in pharynx and larynx	..	..	..	—	1	1
					9	7	16

Cause of Infant Deaths—From One month to One year

					M	F	Total
344	Late effects of intracranial abscess or pyogenic infection	..	..	..	1	—	1
492	Primary atypical pneumonia	..	..	..	—	1	1
527	Other diseases of lung and pleural cavity	..	..	..	1	—	1
769	Neo-natal disorders arising from certain diseases of the mother during pregnancy	..	..	..	1	—	1
773	Ill-defined diseases peculiar to early infancy	..	..	..	1	—	1
					4	1	5

APPENDIX IV
VITAL STATISTICS—COMPARISON, GUERNSEY/UNITED KINGDOM

		1965	1966	1967
Infant Mortality Rate	England and Wales	19.0	19.0	18.3*
	Guernsey	19.61	16.6	28.34
Neo-Natal Death Rate	England and Wales	13.0	12.9	12.5
	Guernsey	13.48	15.38	21.59
Maternal Mortality	England and Wales	.25	.26	.20*
	Guernsey	—	—	1.34
Tuberculosis (Respiratory)	England and Wales	.042*	.043*	.037*
	Guernsey	.065	—	.021
Cancer All Forms	England and Wales	2.22*	2.24*	2.27*
	Guernsey	2.27	2.77	2.48
Cancer of Lung	England and Wales	.55*	.56*	.58*
	Guernsey	.48	.63	.56

* Provisional Figures.

APPENDIX V

PUBLIC HEALTH DEPARTMENT

Cost of Operation

LABORATORY

Analysis	...	...	...	...	...	...	...	£1,384	4	8
Cleaning and Sundries	...	...	...	...	...	...	...	662	14	7
Medical Supplies and Equipment	...	...	...	...	...	...	...	2,315	9	3
Salaries and Wages	11,010	4	1
Superannuation	1,722	8	0
								<hr/>		
								£17,095	0	7
								<hr/>		

PUBLIC HEALTH

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Cleaning, Fuel, Light and Water	£1,314	2	8
Infectious Diseases—							
Doctors' Fees	£441	3	0
Drugs, Vaccines, etc. ...	...	...	...	...	1,033	9	1
					—————	1,474	12 1
Postages, Stationery and Telephone ...	...	...	...	...	994	16	6
Salaries and Wages ...	...	...	...	...	25,541	10	3
Superannuation ...	...	...	...	...	3,291	16	6
Travelling Expenses ...	...	...	...	...	1,975	16	6
V.D. Clinic ...	...	...	...	...	850	15	5
Other Expenses ...	...	...	...	...	2,213	5	7
					—————	£37,656	15 6
Less: Recoveries from Education Council ...	...	...	...	...	4,900	0	0
					—————	£32,756	15 6

Note: The following Report does not form part of the Medical Officer of Health's Report to the Board of Health, as the responsibility for school medical services rests with the Education Council. The Report is, however, reproduced in full so that as full a picture as possible can be given of the work of the Department, bearing in mind that the Medical Officer of Health is also the School Medical Officer.

SCHOOL MEDICAL SERVICES

ANNUAL REPORT 1967

The work of the School Medical Services proceeded smoothly during 1967. Routine medical examinations were carried out for 2,076 children and a further 322 children were seen at the general clinic at Lukis House.

Children examined at School	...	...	...	1,686
Children examined at Lukis House	390
Children attending clinic	322
				—
				2,398
				—

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The commoner defects observed at routine examinations are tabulated below:

INFANTS					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Defective eyesight	...	...	...	...	26	18	44
Skin conditions	...	...	...	...	13	16	29
Ear, nose and throat	...	...	...	...	45	46	91
Defective speech	...	...	...	...	10	4	14
Heart conditions	...	...	...	...	10	5	15
Lung conditions (incl. asthma)	...	...	...	...	16	11	27
Orthopaedic (incl. flat feet)	...	...	...	...	48	38	86
Others	...	...	...	...	10	12	22
					—	—	—
					178	150	328
					—	—	—
JUNIORS					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Defective eyesight	...	...	...	...	36	39	75
Skin conditions	...	...	...	...	13	15	28
Ear, nose and throat	...	...	...	...	33	30	63
Defective speech	...	...	...	...	3	0	3
Heart conditions	...	...	...	...	5	8	13
Lung conditions (incl. asthma)	...	...	...	...	13	4	17
Orthopaedic (incl. flat feet)	...	...	...	...	35	33	68
Others	...	...	...	...	7	2	9
					—	—	—
					145	131	276
					—	—	—

SENIORS						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Defective eyesight	...	...	...	...	...	81	58	139
Skin conditions	...	...	...	...	...	11	79	90
Ear, nose and throat	...	...	...	...	...	22	34	56
Defective speech	...	...	...	...	...	2	7	9
Heart conditions	...	...	...	...	...	7	4	11
Lung conditions (incl. asthma)	...	...	...	...	...	7	2	9
Orthopaedic (incl. flat feet)	...	...	...	...	...	86	24	110
Others	...	...	...	...	...	5	4	9
						<hr/> 221	<hr/> 212	<hr/> 433
						<hr/>	<hr/>	<hr/>

Among the 322 children referred to the general medical clinics at Lukis House, the commonest reason for reference was suspected or actually defective eyesight. Referrals are most commonly made by head teachers or by the School Nurses, but many children attend in answer to a request by parents for an appointment. Clinic attendances can be grouped under the following headings.

CLINICS

Defective eyesight	...	...	...	...	...	...	...	...	146
Ear, nose and throat conditions	...	...	...	...	...	...	...	...	49
Defective speech	...	...	...	...	...	...	...	...	36
Behaviour problems	...	...	...	...	...	...	...	...	10
Orthopaedic conditions	...	...	...	...	...	...	...	...	4
Routine medical examination (absentees at schools)	37
Training College candidates	40
									<hr/> 322
									<hr/>

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EAR, NOSE AND THROAT CLINICS

Mr. Gordon Midgley, F.R.C.S. held four special clinics at Lukis House, at which a total of 59 schoolchildren attended, 35 of these being new referrals and 24 cases were follow-up examinations of children previously referred to him for opinion or treatment. The commonest reason for referral to this special clinic is deafness, of greater or lesser degree. It frequently happens that such cases require more detailed examination, or special treatment not available in Guernsey and these children are very fortunate that Mr. Midgley arranges their admission into his own beds at the Royal Hampshire County Hospital, Winchester. I would like to record my gratitude to Mr. Midgley for the great interest he takes in Island schoolchildren referred to his clinics and for his unfailing help and advice in all matters concerning his speciality.

E.N.T. CLINICS 1967						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
New Cases	...	...	...	...	...	23	12	35
Review Cases	...	...	...	...	...	18	6	24
						<hr/> 41	<hr/> 18	<hr/> 59
						<hr/>	<hr/>	<hr/>

CHILD GUIDANCE CLINIC

Dr. Barbara Salisbury continued her most welcome work conducting the Child Guidance Clinic, completing a total of no less than 187 sessions during 1967. Altogether 36 new cases were referred to her during the year and her patient unravelling of the factors which combine to induce problems of behaviour in individual children is a service which parents, teachers and, not least, the School Doctor, appreciate with gratitude.

SPEECH THERAPY CLINIC

Miss J. M. Richmond L.C.S.T. has submitted the following analysis of the work of her speech therapy clinic during 1967.

Annual Numbers

No. of children under treatment and observation ...	...	...	...	...	...	...	...	...	135
No. of children referred ...	...	...	...	...	...	...	...	...	49
No. of children admitted ...	...	...	...	...	...	...	...	...	46
No. of children for whom Speech Therapy was not indicated ...	...	...	...	...	...	...	...	...	3
No. of children discharged ...	...	...	...	...	...	...	...	...	38
No. of attendances ...	...	...	...	...	...	...	...	...	1,535
No. of Interviews with Parents or Guardians ...	...	...	...	...	...	...	...	...	92
No. of children referred for Audiometry only ...	...	...	...	...	...	...	...	...	1
No. of children on the Waiting List at 31st December, 1967 ...	...	...	...	...	...	...	...	...	5

Classification of Defects

Alalia ...	...	...	...	...	...	...	...	...	...	3
Dyslalia with deficient intelligence ...	...	...	...	...	...	...	...	...	...	4
Dyslalia with retarded language development ...	...	...	...	...	...	...	...	...	...	32
Dyslalia ...	...	...	...	...	...	...	...	...	...	71
Dysoenia ...	...	...	...	...	...	...	...	...	...	6
Stammering ...	...	...	...	...	...	...	...	...	...	13
Stammering with Dyslalia ...	...	...	...	...	...	...	...	...	...	2
Dysarthria ...	...	...	...	...	...	...	...	...	...	1
Articulatory defect due to Structural abnormality ...	...	...	...	...	...	...	...	...	...	3
Total ...									...	135

Reasons for Discharge

Speech within bounds of normality ...	...	...	...	...	...	...	...	...	...	16
Speech very much improved ...	...	...	...	...	...	...	...	...	...	8
Speech improved ...	...	...	...	...	...	...	...	...	...	1
Left Guernsey ...	...	...	...	...	...	...	...	...	...	4
Treatment not wanted by patient ...	...	...	...	...	...	...	...	...	...	1
Continually failed to attend ...	...	...	...	...	...	...	...	...	...	2
Further Speech Therapy contra indicated ...	...	...	...	...	...	...	...	...	...	6
Total ...									...	38

Alderney

Three visits were made to St. Anne's School during the year. There were two new referrals by Dr. Bell.

Receiving treatment	11
Attendances	20
Discharged—leaving school ...	2
Stammering	5
Dyslalia	6

In her report, Miss Richmond makes the interesting observation that 46% of children referred to her in 1967 were under five years old, as compared with 30% in 1966. This she interprets as evidence that parents are becoming more aware of the handicap of defective speech than they were formerly and that they are seeking attention earlier. This is a welcome trend and should be encouraged. Indeed three children were under three years old when first referred to her clinic and three more had not attained their fourth birthday.

She observes that some of the children in this 2-5 years old age group might correct their speech spontaneously, without treatment, if they had the opportunity of attending kindergarten classes where they could play with, and learn from other children of the same age. "Some of this group have developmental speech irregularities which largely resolve themselves as the child matures, provided the parents play their parts fully and the child has playmates". She expresses the hope that such kindergarten classes may become more widely available and even be States-aided or perhaps States-run. Undoubtedly these classes do help in many more ways than simply the acquisition of acceptable, understandable speech, for they help to bridge the gap between the family circle of a small number of people, all of different ages, and the infant school class of maybe 30 children, all of one age.

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I believe it is true that, some fifty years ago, some Guernsey schools accepted children from the age of three and a half years old, very much on a voluntary basis. Undoubtedly not all children began school before the statutory age at which attendance became compulsory, but it is possible that those who did may have stolen a march on their contemporaries who waited until the law required their attendance. Much attention has been focused upon the education of the "under fives" elsewhere, but it is interesting to observe that a partial solution, at least, was available to Guernsey children in the early years of this century. To restore that situation now would involve plans capable of absorbing about a thousand children between 3½ and 5 years old and would create problems which it is no part of this report to discuss. Nevertheless, one is aware that the demand for nursery schools is increasing and some efforts have been made to meet this demand privately, albeit very incompletely.

ORTHOPTIC CLINIC

There were 2,155 attendances during the year.

There were 66 new cases.

71 children were discharged, 56 as cured, 15 as cosmetically satisfactory.

3 children were considered unsuitable for Orthoptic treatment.

4 children ceased to attend when they left the Island.

62 children were referred to Mr. Neubert after vision and cover tests at school.

Number of squint operations performed was 32.

It is interesting to observe a considerable reduction in the number of new cases referred to the orthoptic clinic compared with previous years. No reason for this is suggested. On the other hand, the number of children referred to Mr. Neubert is comparable with previous years, showing a slight increase in 1967.

TUBERCULIN TESTING & B.C.G. VACCINATION

This programme has continued throughout the year and the work is best expressed in tabular form.

TUBERCULIN TESTING OF INFANTS

Total of infants examined	...	...	...	...	...	...	647
Known to be tuberculin positive	...	...	...	...	...	34	
Absent for M.P.T. (tuberculin test)	...	...	...	...	...	1	
M.P.T. refused by parents	...	...	...	...	...	17	
						<hr/> 52	
Eligible for M.P.T. (647 — 34 + ves)	...	...	...	...	...		613
M.P.T. performed (613 minus absentee and refusals)	...	...	...	...	...		595
Result of tuberculin test +ve	...	...	...	...	...	8	
—ve	...	...	...	...	...	587	
						<hr/> 595	
Acceptance rate: 97.1%							

JUNIORS

Total of juniors examined	...	...	...	...	...	...	638
Known to be tuberculin positive	...	...	...	...	...	38	
Absent for M.P.T. (tuberculin test)	...	...	...	...	...	14	
M.P.T. refused by parents	...	...	...	...	...	35	
						<hr/> 87	
Eligible for M.P.T. (638 — 38 + ves)	...	...	...	...	...		600
M.P.T. performed (600 minus absentees and refusals)	...	...	...	...	...		551
Result of tuberculin test +ve	...	...	...	...	...	18	
—ve	...	...	...	...	...	533	
Acceptance rate for M.P.T. 91.8%							

B.C.G VACCINATION (JUNIORS)

Eligible for B.C.G. vaccination	...	...	...	...	...	...	533
Absent for B.C.G. vaccination	...	...	...	...	...	18	
B.C.G. refused by parents	...	...	...	...	...	4	
						<hr/> 22	
Children vaccinated with B.C.G.	...	...	...	...	...		511
Acceptance rate for B.C.G. vaccination 95.9%							

In addition, 67 children were tuberculin tested and 173 children vaccinated with B.C.G. at clinics for this purpose at Lukis House. Not all of these, however, were schoolchildren.

HEAD INFESTATIONS

Total of head inspections	...	...	...	...	...	...	...	18,347
Infestations found	...	...	...	...	...	...	...	151
Exclusions from school	...	...	...	...	...	...	...	14

A. T. G. THOMAS
School Medical Officer

REPORT ON SCHOOL DENTAL SERVICE 1967

INSPECTIONS

During 1967, the following schools were inspected:—

Girls' Grammar	La Chaumiere
St. Peter's	Ker Maria
Notre Dame	St. Sampson's Secondary
Les Beaucamps	St. Sampson's Infants'
St. Andrew's	Vale Infants'
St. Martin's	Vale Junior

A total of 3113 children were examined in school, of which 1722, (55%) required treatment. Children from schools not inspected during the year requested examination at the Clinic, and 78% of these required treatment. Parents are not prepared to wait until we can inspect their child's school, but request inspection and treatment at the Clinic at least once a year. This does increase our burden, but on the other hand, we managed to inspect 79.5% of the school population during the year.

ATTENDANCES

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To eliminate, as far as possible, failure to attend for treatment, a letter was sent to the Headmaster or Headmistress of the school inspected, enclosing a weekly list of all children due for appointments for the following week, and asking for their co-operation in ensuring that all appointments were kept. This measure has helped considerably to cut down the non-attendances, but it is impossible to eliminate them entirely.

TREATMENT

The number of children treated, of all age groups, totalled 2568. Fillings in permanent teeth increased by 1334 but decreased in deciduous teeth by 768. Once again, we have had to concentrate on conservation of the permanent dentition, and only conserve those deciduous teeth in which the decay was minimal. This state of affairs will continue for as long as our dentist/patient ratio remains as at present.

EXTRACTIONS

Extractions for both permanent and temporary teeth were up considerably on the 1966 figure. Permanent extractions were 1005, as compared to 749 in 1966, and deciduous extractions were 2257, as compared to 1506, for the previous twelve months. The main reason for this is the fact that many children are not being treated at the Clinic for as long as two years, and consequently, accumulate a number of carious teeth, which, when we see them, can be treated by extraction only. With deciduous teeth particularly, children are not brought to see us, until a dento-alveolar abscess has formed, and three or four teeth are beyond conservation.

GENERAL ANAESTHETICS

A medical practitioner comes four times per week to administer general anaesthetics. We are usually booked to our capacity of ten patients per session.

ORTHODONTICS

The demand for orthodontic treatment has slackened somewhat, but the need for this service is as great as ever. I feel that the parents and children appreciate this service, as they can observe the results more easily than with other forms of treatment.

DENTURES

The number of dentures provided, increased by 10. This still remains a very useful service for the secondary school child with hopelessly decayed teeth.

D. HEARNS
Principal School Dental Officer.

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DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
COUNCIL DURING THE YEAR 1967

NO. OF PUPILS ON THE REGISTERS OF MAINTAINED PRIMARY
AND SECONDARY SCHOOLS: 6866

1. NUMBER OF PUPILS INSPECTED BY THE COUNCIL'S DENTAL OFFICERS										
(a)	at school inspections	...	...	...	...	3110)	Total	5462		
(b)	at clinic	...	...	...	...	2352)				
2. NUMBER FOUND TO REQUIRE TREATMENT										
										3421
3. NUMBER ACTUALLY TREATED										2568
4. NUMBER OF ATTENDANCES MADE BY PUPILS FOR TREATMENT										8137
5. NUMBER OF PATIENTS MADE DENTALLY FIT										2532
6. SESSIONS DEVOTED TO										
(a)	school inspections	...	...	...	...	27)	Total	1056		
(b)	treatment	...	...	...	...	1029)				
7. FILLINGS										
(a)	permanent teeth	...	...	...	...	5048)	Total	5435		
(b)	temporary teeth	...	...	...	...	387)				

8. EXTRACTIONS

(a) permanent teeth	...	...	...	...	1005)	Total	3262
(b) temporary teeth	...	...	...	...	2257)		

9. NUMBER OF GENERAL ANAESTHETICS GIVEN FOR EXTRACTIONS

... 1457

10. NUMBER OF DENTURES PROVIDED ... 47

11. NUMBER OF CROWNS FITTED ... 49

12. NUMBER OF ROOT CANAL TREATMENTS 62

13. OTHER OPERATIONS

(a) permanent teeth	...	...	...	...	464)	Total	808
(b) temporary teeth	...	...	...	...	344)		

14. ORTHODONTICS

(a) cases commenced during the year ... 49

(b) cases completed during the year ... 24

(c) cases discontinued during the year ... 4

(d) number of appliances fitted ... 73

